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FEC FORM 2

STATEMENT OF CANDIDACY

1	(a) Name of Candi	data (in full)									
١.	(a) Name of Candi	, ,									
	·	Finkenauer, Abby, , ,				2 Candida	ate's FEC Iden	tification	Numb	or.	
	PO Box 598	Address (number and street)			H8IA0		illiication	Numb	ei		
	(c) City, State, and	ZIP Code					3. Is This				Amended
	Dubuque			IA	5200	4	Staten	nent (N) OR	X	(A)
4.	Party Affiliation		5. Office Soug	ht		6. State & Dis	trict of Candid	date			
	DEMOCRATIC P	ARTY	House			IA	01				
		DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	и сомм	ITTEE			
7.	I hereby designate	the following nai	med political co	mmittee as m	ny Principal (Campaign Com	mittee for the	2020 (year of elect		ion(s)	
	NOTE: This design		filed with the ap	propriate offi	ce listed in th	ne instructions.					
	(a) Name of Comm	,									
	Finkenau	er for Con	gress								
	(b) Address (numb	er and street)									
	PO Box 598										
	(c) City, State, and	ZIP Code									
	Dubuque					IA	52004	1			
		DE	SIGNATIO	N OF OT	HER AII	THORIZED	COMMIT	TEES			
						g Representativ		ILLO			
			·				•				
	I hereby authorize candidacy.	the following nan	ned committee,	which is NO	T my principa	al campaign cor	mmittee, to re	eceive and exp	end fund	s on b	ehalf of my
	NOTE: This design	ation should be t	filed with the pr	ncipal campa	ign committe	e.					
	(a) Name of Comm	nittee (in full)									
		er Victory	Fund								
	Tilliciae	ici victory	i dila								
	(b) Address (numb	er and street)									
	PO Box 598										
	(c) City, State, and	ZIP Code									
	Dubuque					IA	52004				
	2 42 44 4						0200.				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.											
Sic	gnature of Candid	ate					Date				
Find an array Abba.											
	, , , , ,				[Elect	ronically Filed]	07/15/20	120			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	Maintaining a Majority					
	(b) Address (number and street) 918 Pennsylvania Ave SE					
	(c) City, State, and ZIP Code					
	Washington	DC	20003			
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal candidacy. Name of Committee (in full)			on behalf of my		
	Hold the House Frontline Fund					
	(b) Address (number and street) 119 1st Ave South					
	Suite 320					
	(c) City, State, and ZIP Code					
	Seattle	WA	98104			
8.	I hereby authorize the following named committee, which is NOT my print candidacy. NOTE: This designation should be filed with the principal care (a) Name of Committee (in full) Heartland Women Victory Fund (b) Address (number and street) 2813 Virginia Place			on behalf of my		
	(c) City, State, and ZIP Code					
	Des Moines	IA	50321			
8.	3. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Battleground lowa 2020 (b) Address (number and street)					
	2813 Virginia Place					
	(c) City, State, and ZIP Code					
	Des Moines	IA	50321			

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	House Victory Project 2020					
	(b) Address (number and street) 918 Pennsylvania Ave SE					
	(c) City, State, and ZIP Code					
	Washington	DC	20003			
8.	I hereby authorize the following named committee, which is NOT my princi candidacy. NOTE : This designation should be filed with the principal camp					
	(a) Name of Committee (in full) Hold the House Victory Fund					
	(b) Address (number and street) 430 South Capitol Street SE 2nd Floor					
	(c) City, State, and ZIP Code					
	Washington	DC	20003			
8.	I hereby authorize the following named committee, which is NOT my princi candidacy. NOTE: This designation should be filed with the principal camp (a) Name of Committee (in full) Iowa Works 2020 (b) Address (number and street)					
	2813 Virginia Place					
	(c) City, State, and ZIP Code					
	Des Moines	IA	50321			
8.	I hereby authorize the following named committee, which is NOT my princi candidacy. NOTE : This designation should be filed with the principal camp		•			
	(a) Name of Committee (in full)					
	Hold the Frontline					
	(b) Address (number and street) 910 17th ST NW					
	Ste 925					
	(c) City, State, and ZIP Code					
	Washington	DC	20006			

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

о.	candidacy. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	Iowa Frontline Women						
	(b) Address (number and street) 910 17th ST NW Ste 925						
	(c) City, State, and ZIP Code						
	Washington DC 20006						
8.	 I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend candidacy. NOTE: This designation should be filed with the principal campaign committee. 	funds on behalf of my					
	(a) Name of Committee (in full)						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						
8.	8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)	funds on behalf of my					
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						
8.	8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)	funds on behalf of my					
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						